

Home Health Certification and Plan of Care				Order ID: 1195/1126	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
80019700600		07/30/2026		From: 07/30/2026 To: 09/27/2026	
				4. Medical Record No.	
				268-1	
				5. Provider No.	
				239350	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Robert Sordyl			Evergreen Home Health		
13015 M-32 Room 5,			403 W Main Street Suite A1		
ATLANTA, MI 49709-			Gaylord, MI 49735-1887		
(989) 217-1841			989-214-1114		
			1184225021		
8. DOB			12/05/1954		
9. Sex			Male		
11. ICD		Principal Diagnosis		Date	
J18.9		Pneumonia unspecified organism		07/30/26	
13. ICD		Other Pertinent Diagnoses		Date	
J96.21		Acute and chronic respiratory failure with hypoxia		07/30/26	
J43.9		Emphysema unspecified		07/30/26	
J84.112		Idiopathic pulmonary fibrosis		07/30/26	
E11.65		Type 2 diabetes mellitus with hyperglycemia		07/30/26	
I50.9		Heart failure unspecified		07/30/26	
E66.01		Morbid (severe) obesity due to excess calories		07/30/26	
D51.9		Vitamin B12 deficiency anemia unspecified		07/30/26	
14. DME and Supplies:			15. Safety Measures:		
oxygen supplies, walker, bath bench			O2 precautions, medication safety, fall precautions, diabetic precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
diabetic,			chlorhexidine topical: skin redness/burnin; Glutens: water blisters, rash, nausea		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Up As Tolerated, Walker		
19. Mental & Pyschosocial Status:			COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			patient will be responsible for managing treatment patient will be responsible for managing treatment		
Homebound status: Symptoms identified support difficulty to leave home for medical services required.					
Clinical Condition Requiring Homecare: Pneumonia					
SN Careplans			SN Goals		
SN WK1: 1 (07/30/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/26/26)			PATIENT-STATED GOAL: Increased strength and decrease SOB.		
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 60 > 100, O2 saturation < 90 > 100, pain < 0 > 7			GOALS		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			patient/caregiver recalls		
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			* lifestyle modifications to manage respiratory condition including		
STANDING ORDERS: Home Health Clinician to provide ongoing patient and caregiver education regarding prevention of skin breakdown and pressure injuries during the home health episode as clinically indicated.; Home Health Clinician to assess fall risk and provide ongoing patient and caregiver education regarding fall prevention and home safety measures throughout the home health episode as clinically indicated.; Home Health Clinician to assess, monitor, educate, and implement non-pharmacological pain management interventions as clinically indicated throughout the home health episode. Notify physician/authorized provider of uncontrolled pain, significant changes in pain status, or adverse medication effects.; Home Health Clinician to assess, monitor, and provide patient/caregiver education regarding mood status, signs and symptoms of depression, and coping strategies throughout the home health episode. Notify physician/authorized provider of significant			* diet changes and regular exercise		
			* strategies to control shortness of breath		
			* home remedies to keep lungs healthy		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain		
			* teach relaxation skills and diversional activities		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* prevention exacerbation of anxiety condition including coping patterns		
			* improved concentration		
			* strategies to reduce anxiety		
			* identification of anxiety precipitants, conflicts, and threats		
			* recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by LUBELAN, SAMANTHA RN SN on 07/30/2026					
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
JENNIFER MCBRIDE			F2F date :		
3040 BOURN ST					
LEWISTON, MI 49756-8134					
PHONE: (989) 786-4877 FAX: 19897316723 NPI: 1043767395					
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		
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mood changes, safety concerns, or worsening depressive symptoms.; Home Health Clinician to implement standard and transmission-based infection control precautions as indicated and provide ongoing patient/caregiver education regarding infection prevention throughout the home health episode. Notify physician/authorized provider of suspected or confirmed infection or clinical deterioration.; Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care.; Home Health Clinician to assess patient advance directive status and provide education regarding advance care planning throughout the home health episode. Assist with identification, completion, or updating of advance directive documents as appropriate and within scope of practice. Advance Directive:HDPOA 07/30/2026 Problems : M1720 - Anxiety D0700 - Social Isolation M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management muscle weakness limited strength limited endurance constipation D0160 - Depression PROCEDURES: Education/Monitor Pressure ulcers: Pt states pain on tailbone, RN observed, no s/s of pressure ulcer, RN to monitor for potential sores developing. Educate on importance of changing position Q1-2 to hours to prevent skin breakdown., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output, assist with O2 safety: Pt on continuous O2, coordinate/arrange long-term socialization activities TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule		patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule		
PT Careplans		PT Goals		
PT WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/26/26)		PATIENT-STATED GOAL: Patient Goal		
PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated.		GOALS		
OT Careplans		OT Goals		
OT WK3: 1 (08/09/26-08/15/26)				
08/13/2026 Problems : GG0170P1 - Picking Up Object GG0130A1 - Eating GG0130H1 - Don/Doff Footwear GG0130G1 - Lower Body Dressing GG0130F1 - Upper Body Dressing GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene GG0130B1 - Oral Hygiene GG0170J1 - Walk 50 ft with 2 Turns GG0170K1 - Walk 150 Feet GG0170L1 - Walk 10 ft on Uneven Surface GG0170I1 - Walk 10 Feet Pain Effect on Sleep GG0170E1 - Chair to Bed to Chair GG0170G1 - Car Transfer GG0170N1 - 4 Steps GG0170O1 - 12 Steps				
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by LUBELAN, SAMANTHA RN SN		07/30/2026		

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GG0170M1 - 1 - Step (curb) GG0170F1 - Toilet Transfer GG0170D1 - Sit to Stand M1400 - Dyspnea Pain Interference with ADLs Pain Interference with Therapy activities				

Signature of Physician:	Date
	PAGE 3 of 3
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